

August 1, 2018
Recommendations for "Restoration" of funding cuts

Fee increases to return to rates from FY2017:

- DD 0208 Waiver
 - o Eliminating the decrease to return to FY17 rates is a step in the right direction.
 - Make the restoration retroactive to the date the rate decreases took effect.
 - The DD system needs attention. Partnership from policy-makers, advocates, and providers is necessary to address the significant workforce issues.
 Possible solutions:
 - Significant (approx. 50%) increase to 0208 waiver rates
 - Restructuring reimbursement methodology basis from units of staff hours to client enrollment
 - Large increase to medical GH to get on-staff nursing, or else reduce requirement for level of nursing staff
- Targeted Case Management:

The total funding for contracted targeted case management (for developmental disabilities, youth and adult mental health) was decreased approximately 60%.

- Restore DD TCM funding
 - Increase monthly unit rate to return caseloads to 35 (currently at over 60 under the funding reduction)
- Restore Mental Health TCM Youth and Adult
 - return rate to \$20 per 15-minute unit (currently at \$8.16 under the funding reduction)
- o Make the restoration retroactive to the date the rate decreases took effect.
- Youth Mental Health services:
 - Reinstate Room and Board payments for youth mental health therapeutic group homes that were eliminated under the recent budget cuts
 - o Restore Home Support Services (HSS) to previous rates prior to the cuts
 - o Make the restoration retroactive to the date the rate decreases took effect.

Policy Changes / ARM / MCA

Not only were rates reduced under the budget cuts, but policy changes also occurred that limit service delivery.

- Either reinstate enrollment based billing for Home Support Services (HSS) or double the previous rate for HSS to accommodate for the limited days of service caused be recent ARM changes.
- Reinstate former ARMs and remove the administrative burden caused by ICBR rule changes.